Project Title:	
Project Number:	
Island:	

Pay Item #	Material/Sample Description	Sample Card #	Comments	Accepted	Date	Date JC	Section	Date	Qty	Samples	Verification		
	(Include all items incidental to Pay Item Number)	(JC#)		Y/N/Cond	Sampled	Sent	(LB, LS , LG, LR)	Notified	Reprst'd	Required	Doc	Lab	Field
1	2	3	4	5	6	7	8	9	10	11	12	13	14